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MEDICAL CARE PROGRAM OF THE FARM SECURITY ADMINISTRATION*

One of the first problems that confronted the Farm Security Administration to help farm families build up their resources and abilities was the poor health of these families. For rural people whose normal credit sources had dried up and whose incomes could not be stretched to provide life's necessities, the need for medical care was hardly more urgent than the need for insurance against big doctor and hospital bills that follow emergency illnesses.

With the help of local doctors, a plan of voluntary group health insurance was started in 1936 to provide medical services for these families at a cost they could afford. By June of that year, plans were operating in 8 counties in 3 States. By June of 1939, medical and dental care plans had been established in 519 counties in 25 States, and by December 1942, were operating in 1,141 counties in 41 States. The plans have thus spread until they now represent one of the largest voluntary group medical care programs in the world.

This health program reaches into more than one-third of all counties in the United States, with a membership of more than 117,000 families, or over 615,000 persons.

It was a peacetime plan that fits into wartime needs. It has meant better health for tenants, sharecroppers and small farm owners who were underemployed before the war and who now are depended on for a substantial proportion of the food increases necessary to meet the heavy demand. It protects their incomes and their productive equipment from the inroads of unexpected medical bills, and saves working days for the medical profession as well as the farmers. Some such protection against the effects of bad health was necessary to protect loans that the Farm Security Administration made to farm families for the livestock, seed, equipment, and other farm and home supplies they needed to get a new start.

The lack of medical resources and the inability of individual farm families to pay for medical care has led to an accumulation of serious physical defects and chronic illness in the rural population. In 1940 teams of physicians examined over 11,000 persons in Farm Security borrower families in 17 States. They found an average of 3½ significant physical defects per person. One farmer in every 12 had a hernia, a serious handicap in heavy farm work. Varicose veins were found in 14 percent, and hemorrhoids in 19 percent of the men and women examined. Second- and third-degree perineal tears--neglected childbirth injuries—were found in 41 percent of the wives in white families. There was a vast amount of dental disease and malnutrition, with defective vision and infected tonsils occurring very frequently. As in the case of Selective Service findings, the tragedy in this situation is that the great majority of these conditions are either preventable or remediable.

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*From Hearings before the Select Committee of the House Committee on Agriculture, To Investigate the Activities of The Farm Security Administration, House of Representatives, 78th Congress, First Session; Washington, 1944.

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A few years ago a hookworm disease survey was made in Georgia. It covered more than 10,000 people in 30 counties. Thirty-eight percent had the disease, and, in one county, 80 percent were infected.

In Texas and Oklahoma, questionnaires were sent to 43,000 families who were Farm Security Administration borrowers. Out of 16,000 cases of serious illness reported, less than half had doctors' care. Only one out of three births was attended by a physician. Yet these families owed doctors' bills totaling nearly half a million dollars.

Farm Security Administration county supervisors tried to help the families budget for medical bills, along with their budget for other farm and family living expenses. But with a limited amount to spend for medical and dental services, a family hesitated to see the dentist or the doctor. Chronic conditions were not cared for. They kept accumulating and kept a family from doing its work properly.

In cases of serious emergencies such as appendicitis or pneumonia, however, the family called a doctor and worried about the bills afterward. To pay the bill, they often had to sell a cow, or use money they needed for machinery, for seed, or some other necessity. In such cases farm and home planning was useless. A survey of Farm Security Administration borrowers in Michigan who failed showed in 1940 that one out of every five failed mainly because of bad health. There was only one way low-income farm families could get medical care at a cost they could afford, and budget for it ahead of time. That was through some kind of a health insurance plan.

Operation of Medical Plans

The principle of voluntary health insurance is the foundation of the Farm Security Administration medical care program—voluntary on the part of the families, and voluntary on the part of the local doctors who participate. Each family pays a fee at the beginning of a 1-year period. The money is pooled and divided into 12 equal parts, 1 for each month. The doctors, then, instead of submitting the bills to their patients, submit them to the treasurer of the health association.

Fees range from about $15 in some counties to as much as $40 or more in others, depending on services provided and on the ability of the group to pay for medical services. These fees usually cover physicians' services, including home and office calls and obstetrical care; surgery, limited hospitalization, and ordinary drugs. The doctors are paid on a fee-for-service basis, as they are paid in their private practice. The only difference is that they are paid from a pooled fund made up of annual fees contributed by the families. If the funds are insufficient to cover all bills in full, the participating physicians agree to accept a pro rata share for the services they render.

In some cases dental services are covered in medical care plans. In addition, separate dental care plans have been organized in 252 counties. This program is carried on in cooperation with county dental societies. All together, more than 242,000 people are members of plans offering dental

care on a prepayment basis. Dental care is one of the most pressing needs of rural people. After joining a dental care plan, one farmer went to see the dentist for the first time in 27 years.

Farm Security Administration health plans are democratically governed. The members select from their own number a committee or board of directors to represent their interests. The doctors select a committee to handle all problems of a medical nature. The Farm Security Administration has little part in the actual operation of the program. It helps to set up a plan, and, where necessary includes in a family's loan the amount needed to pay its membership fee.

Cooperation of Other Agencies

In the development of its medical care program Farm Security Administration has had the energetic cooperation as well as the invaluable advice and encouragement of the United States Public Health Service. Farm Security Administration's chief medical officer is an officer of the United States Public Health Service on assignment from the Service and has worked closely with its administrative and technical staff.

Since the shift of emphasis in Farm Security Administration to wartime food production, its health program has assumed even greater importance than before, and the Public Health Service has detailed to Farm Security Administration a number of medical and dental officers, as well as sanitary engineers, who are on active duty as commissioned officers of the Reserve Corps of the Public Health Service. This assignment of officers is set forth in an agreement between the Secretary of Agriculture and the Administrator of the Federal Security Agency.

As a basis for operation of medical plans in the field, definite working arrangements with State medical associations are in effect in 37 States, while informal or limited agreements are in effect with 6 other State medical associations. Working agreements with local medical societies and physicians are in effect in 1,071 counties.

Agreements for operations of dental plans have been established with dental groups in 26 States and 434 counties. Special arrangements for Farm Security Administration borrowers for group hospitalization have been made through Blue Cross plans, approved by the American Hospital Association.

Last fall, the American Medical Association made a special study of the rural health activities of the Farm Security Administration. Questionnaires were sent to secretaries of the State medical societies in which Farm Security Administration medical plans were operating, and the results were presented in a report on November 21, 1942. "In general," according to the report, "the answers to the question as to the attitude of the profession brought a vote of nearly 4 to 1 on the satisfactory side."

That this favorable report should be submitted after the Farm Security Administration program had been in operation for 6 years indicates that the organized medical profession is in sympathy with the general policies that

have been followed in developing this program. In summary, the American Medical Association report states: "There have been theoretical objections and charges that such plans are a step toward 'State medicine,' 'compulsory sickness insurance,' or 'socialized medicine.'" In commenting on such charges, the report points out that the American Medical Association "has laid down the principles which determine its policy. The first of these is the foundation of all the others. It reads: 'All features of medical service in any method of medical practice should be under the control of the medical profession.' No complaints that this principle is infringed in any Farm Security Administration plan have been reported."

This policy of depending on the medical profession to control the medical aspects of the Farm Security Administration group health plans has been closely followed. Before a plan is started in any State, an understanding is reached with the State medical association and the details of the organization are worked out with the county medical societies. Instead of following the pattern of medical care organizations which employ certain doctors to serve a group, all legally qualified physicians in a county are asked to participate in a Farm Security Administration plan. Each family can choose any doctor who agrees to serve the group and the doctor can refuse to serve any particular family.

Results: Earlier Medical Care--Better Health

In the report made by the American Medical Association in November, this statement was made: "21 out of 28 States reported that the families included were receiving more or better, or at least earlier, medical care than they had received before introduction of the plan. There was almost equal unanimity of opinion that the physicians as a whole received more money under the Farm Security Administration plan than they had been able to collect from the same body of patients previously."

The medical care program has resulted in emphasis on the prevention of disease. A doctor in Minnesota said recently that "families go to the doctor more but call him to their homes less," which resulted in a saving of time for both. Out of a total of 257 calls in 3½ months, he said, only 13 were home visits.

In Alabama, Georgia, South Carolina, and Florida, a survey was made to find out how the sons of Farm Security Administration borrowers compared in health with other young men called under the Selective Service Act. It was found that 35.9 percent of all draftees in the area were rejected by local boards, whereas only 23.3 percent of the boys from Farm Security families were turned down.

Sanitation Program

Another important aid to better rural health has been Farm Security Administration's effort to help farm families to improve their sanitary facilities. It has been estimated that of the 6,000,000 farms in the United States, approximately 5½ million are in need of some corrective measures to insure a safe farm water supply; that sanitary privies or toilet facilities are lacking on 4½ million farms; and that 4,000,000 farm dwellings

are in need of either mosquito or fly proofing for controlling transmission of certain diseases. Since these three fundamentals of sanitation are basic in a health program, the Farm Security Administration has carried on environmental sanitation programs to assist its borrowers in providing themselves with sanitary privies, protected domestic water supplies, and adequately screened homes. These represent the key facilities in rural sanitation and are directed toward the prevention of numerous serious diseases, including typhoid fever, dysentery, malaria, hookworm disease, and enteritis.

The assistance was largely in terms of grants for materials with which to construct the needed facilities. In return for the grants the families agreed to perform certain work outlined in "work agreements." In some cases they built new chicken houses, dug trench silos, repaired steps, fenced the garden, terraced the land, or made other improvements. In addition, many landlords cooperated by signing long-term leases for 3 to 5 years.

During the early years of the program Work Projects Administration and National Youth Administration cooperated in the operation by building the sanitary privies and installing the screens. During the past 2 years, however, the borrower families have furnished most of the labor necessary to construct the needed facilities. In many communities the borrowers have organized themselves in self-help groups very similar to the husking bees of former years and constructed the facilities. All these improvements have been made in accordance with the recommendations of the local and State health departments.

Since the inception of the program, approximately 100,000 families have been assisted. By October 30, 1942, this sanitation program had expanded to 1,023 counties in 45 States. Over 92,000 sanitary privies had been constructed, more than 58,000 dwellings had been screened, and over 45,000 domestic water supplies had been protected.

Medical Care for Agricultural Migrants

Medical care and sanitation in a farm home has no meaning to the large group of landless farm workers whose homes have been wherever a temporary job is to be found or on the roadside. The health problem of the migrant farm worker is one of the most acute to be found in the Nation. These families have about the lowest living standards of any group in the United States, and they are not ordinarily eligible for relief assistance in the areas to which they migrate.

In 1938 the Agricultural Workers Health and Medical Association was formed to give medical care to migrants in Arizona and California. This nonprofit organization, financed by Farm Security Administration, is administered by a board of directors on which are represented the California State Health Department, the State medical association, the State dental association, and the Arizona State Medical Association. The Farm Security Administration has minority representation on the board. Through agreements between the Agricultural Workers Health and Medical Association and organized professional groups in these States, eligible migrant families have

been receiving necessary medical care, hospitalization, prescribed drugs, and limited dental services. This care is rendered through clinics to the migrants housed in farm labor supply centers, and on a referral basis by local practitioners to the large number of migrant families living in the countryside. Thus wide areas of California and Arizona are served by the association.

Early in 1941, similar medical care programs were established for migrants in Florida, the Rio Grande Valley in Texas, and the Pacific Northwest--Oregon, Washington, and Idaho. This year the program has been extended to the Atlantic seaboard, particularly North Carolina, Virginia, Maryland, New Jersey, New York, and Connecticut. While the newer associations furnish fewer medical services on a widespread referral basis, they conduct numerous clinics which serve the camp residents, as well as other migrant families in the vicinity. These clinics are housed either in permanent shelters or in trailers.

During the fiscal year 1941-42 agricultural workers health associations in California, Arizona, Texas, Florida, and the Pacific Northwest handled 61,464 clinic cases totaling 122,000 visits. In addition, they referred 40,035 cases to physicians a nd 14,678 to hospitals.

Without making any changes in their basic organization, these agricultural worker health associations have been able to meet the special problems that developed under the program transporting domestic and Mexican farm workers into the areas where their help is needed to harvest vital war crops. In recruiting workers for harvesting the war crops and in maintaining these workers in efficient production, medical and health protection was obviously essential. Under its agreement to allow Mexican workers to be imported into this country for farm work, the Mexican Government stipulated that they should receive medical services similar to those made available to farm workers in this country. Assurance of such protection is also necessary in the recruitment of domestic workers since many of these today are not typical migrants of the past but are people from other farm areas who would be unwilling to leave their homes without at least a minimum of family medical care.

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